



Policy Advisory Committee

Minutes of the 12th Policy Advisory Committee (and also the 92nd statutory Education Committee) – Private, held on Wednesday 12 June 2019, at Osteopathy House, 176 Tower Bridge Road, London SE1 3LU

Confirmed

Chair Dr Bill Gunnyeon

Present: Dr Marvelle Brown
 John Chaffey
 Bob Davies
 Elizabeth Elander
 Professor Raymond Playford
 Alison White
 Nick Woodhead

In attendance: Steven Bettles, Policy Manager, Professional Standards,
 Christine Bevan, the Quality Assurance Agency (QAA) (to Item 3)
 Fiona Browne, Director of Education, Standards and Development
 Dr Julian Ellis, the Quality Assurance Agency (QAA)
 Kabir Kareem, Quality Assurance Liaison Officer (QALO)
 Leonie Milliner, Chief Executive and Registrar
 Liz Niman, Head of Communications and Engagement
 Matthew Redford, Director of Registration and Resources
 Marcia Scott, Council and Executive Support Officer

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Apologies were received from Joan Martin, Sheleen McCormack and Stacey Clift.

Item 2a, 2b, 2c and 2d: Minutes and notes of meeting

2a: The minutes of the tenth meeting of the private session of the Policy Advisory Committee held on 13 March 2019 were agreed as a correct record.

2b: The note of the special session relating to Item 8: reissuing of recognised qualifications for osteopathic educational institutions, were agreed as a correct record subject to the following amendment:

The British College of Osteopathic Medicine (BCOM):

Paragraph 7: Ray Playford declared an interest and left the meeting for the duration of the discussion.

- 2c: The note of the inquorate discussion relating to the London College of Osteopathy Medicine was agreed as a correct record.
- 2d: The minutes of the 11th meeting of the Policy Advisory Committee held on 8 May 2019 were agreed as a correct record subject to the following amendments:

Paragraph 9c:

It was noted that concerns had initially been raised relating to the governance of the institution in terms of its financial context, and the apparent cursory review of this by trustees, which had resulted in the initial accelerated review being commissioned. *It has since come to light that the control mechanisms for educational aspects of the provision are insufficient to assure that sector standards are being met. For example, there are significant weaknesses in the processes for verifying student admissions requirements, for external scrutiny of examination procedures and performance, for internal moderation between examiners, and for the ratification of decisions about academic progression.* It was evident that the governance to maintain external standards was not as robust as would be expected of an institution delivering an RQ. *One consequence* of this had been a grave and significant breach of patient safety, in that an LCOM graduate was awarded a 'recognised qualification' when they had entered the course with a false medical qualification.

Paragraph 9f:

It was recognised that the LCOM *is* uniquely outside of the higher education structure and the need to demonstrate benchmarks, equivalency and engagement *is* therefore critical. The action plan showed some signs of strengthening institutional controls, *but it will take longer for LCOM to be able to demonstrate that the new controls are being consistently applied and can be relied upon for assurance.*

Matters arising

2. There were no matters arising.

Item 3: Public Item 9: London College of Osteopathic Medicine (LCOM) – Renewal of Recognised Qualification.

3. John Chaffey and Bob Davies declared interests and left the meeting for the duration of the discussion.
4. The Chair reminded members that the Committee must reach a decision following the previous discussions of 13 March and 8 May 2019. The decision for approving the renewal of the RQ would be based on the Committee being

sufficiently assured that graduating students of the institution will meet the requirements of the of the Osteopathic Practice Standards.

5. The recommendation of the PAC to Council and Council's subsequent decision would be final and the outcome open to a judicial review if challenged. If there was no consensus to renew the RQ following the conclusion of the discussion, then the decision on the recommendation to Council would be put to a vote and the final decision would be binding.
6. The Professional Standards Policy Manager introduced the item which gave further updates on issues relating to LCOM:
 - a. The London College of Osteopathic Medicine (LCOM) is seeking renewal of its current RQ for: Member of the London College of Osteopathic Medicine, as set out in the papers to the Committee at its meetings of 13 March 2019, and 8 May 2019.
 - b. The responses to LCOM's Annual Report, initially reported to the Committee's meeting of 13 March 2019.
7. The following points were highlighted:
 - a. Paragraph 48 outlines the options to the Committee identified by the executive and are to assist and not limit the Committee in its decision making.
 - b. No recommendation has been included in the paper as this is now a decision wholly to be made by the Committee based on the evidence presented.
 - c. An email dated 9 June had been received from the new Course Director, Brian McKenna, clarifying the role of the External Examiner which indicated that the External Examiner would be looking at the full range of work of the five students of the cohort. The final paragraph of the email stated 'the gravity of past mistakes have not been lost on the College and that with new trustees and new management hope to achieve this in a professional and collegiate manner with all stakeholders indicating a positive attitude to the changes being implemented.'
8. In discussion the following points were made and responded to:
9. The Chair reminded the Committee that the Visitor recommendation was to renew the RQ with a significant list of Conditions. Evidence was presented at the meetings of March and May 2019, but were not considered sufficient for a decision to be made. The additional evidence was critical in considering whether when they graduate, graduates will meet the OPS or not. The Chair sought the view of each member individually on the evidence as it stood:
 - a. EE: A concern is whether there is sufficient evidence that the current cohort will meet the OPS and what the risks to the GOsC could be. In the current

academic year, the institution has not had any external verification of its assessment procedures except for the FCCA. The FCCA examination tests a small range of the learning outcomes for the whole programme. Knowing that the procedures with the FCCA are robust is not sufficient enough to demonstrate assessments leading up to this point were of the right standard and thoroughly quality assured. The Committee noted an External Examiner had been appointed who, in accordance with their terms of appointment, will have oversight of the integrity, validity and probity of the examination process, which will add an additional layer of assurance for the Committee. The Committee also noted the report from the RQ Visit where the Visitors were clear in the evidence that they saw regarding student attainment. The sampling undertaken in a RQ visit includes a review of academic standards and the quality controls around assessment, samples student work and the addition of an assessment board and External Examiner will provide additional evidence of student attainment.

- b. NW: In terms of internal organisation the institution seems to have stepped up, they are getting on with getting an external review, getting an action plan and beginning to put proper checks in place. These are positive pieces of evidence and an improvement on what was presented in March and May. The status and background of the Deputy Course Director remain an issue in terms of some of the credibility and integrity of decisions being made but a new Chair is in place overseeing progress. There is more positive than negative evidence being presented than previously.
- c. RP: Noted that there are undoubted governance issues as stated by others. Regarding the students, it is noted that the Visitors did give a positive report in regards to their ability. As we are having to balance the evidence and I am not aware of strong evidence that counteracts this view, it would seem appropriate to allow this cohort to progress to graduation.
- d. MB: Concerns still remain as to whether students have been effectively assessed and will graduate as safe competent, practitioners. Concerns also remain about the integrity of the appointment process of a senior member of the faculty, and how far this is an indicator to how the institution functions.
- e. The Chair advised that discussion relating to the appointment of the Deputy Course Director should be curtailed. The GOsC had reinstated the individual to the Registrar and the institution were fully aware of the fitness to practise procedure which had been undertaken and this had been taken into account when they made the appointment. If false statements had been made it was not a matter for the Committee to challenge further – other routes existed for that including consideration by the Registrar.
- f. It was noted that at the time of this meeting the LCOM website did not show the name of the current Deputy Course Director but that of the previous post-holder. A redacted email dated 17 April 2019, and part of the additional

evidence, was also brought to the attention of the Committee. It was suggested that the email of 17 April implied a misconception held by LCOM as to the seriousness of the RQ situation, and that following a meeting with GOsC, at which GOsC explained the outcome of the inquorate meeting of PAC in March, could be simply resolved. It was confirmed notes of all the meetings held with LCOM had been made and discussions could be verified, resolving any misconception.

- g. It was confirmed that the outcomes from the Private PAC meeting of 13 March and 8 May 2019 had been shared with LCOM and the requirements of the Committee clearly set out. There could be no misinterpretation or misconception about what was required of the institution. It was also pointed out that prior to 8 May there had been a meeting with LCOM when the initial Action Plan had been discussed and LCOM informed about the evidence required by the Committee, and the deep concerns it held.
- h. AJW: Assessment of the evidence shows that the institution has been working hard to put in place a lot of processes that did not exist previously. A large amount of new documentation has been provided as evidence setting out the timelines for the recent key events/discussions/meetings for the LCOM in seeking the renewal of its RQ. The evidence to show the extent to which the work which has been embedded and the development of a quality assurance/ quality control process is not yet evident. The challenge for the institution under the new leadership is that it is dealing with issues not previously addressed, and the extent to which the Committee can be sufficiently assured that the emerging evidence is sufficiently embedded to be reliable.
- i. The Chair concluded that the critical issue was whether there is sufficient evidence that would assure the Committee that on the balance of probabilities the current cohort of students will meet the OPS, or, if there is sufficient evidence, that they will not meet the OPS.
- j. It was suggested that the current evidence did not show that the current cohort had not met the standards, but what was lacking was evidence that they had met it fully, given the final examination session has yet to be held, and how much of a risk this represented. There was also the risk of a judicial review of the Committee/Council's decision if a student was denied graduation due to the removal of the institutions RQ.
- k. It was established that an examination board would be in place in August 2019 and would make assessment decisions, the external examiner would attend the examination board and make a report to the trustees on the probity of the assessment decisions made by the examination board.
- l. It was asked if there was an option for LCOM step back from having an RQ until the issues were resolved, and once an acceptable position had been reached a new application for recognition could be resubmitted. This would

allow graduates of the institution to maintain a level of confidence in the award received on graduation. It was suggested that alternatively the GOsC could advise that the RQ was being renewed but with a significant set of Conditions, indicating the institution was going through considerable change and development. Until Council was satisfied that change had been sufficiently embedded the institution would not be allowed to recruit students to the course. It was argued that this approach might be a problem as the institution would be expected to demonstrate and embed processes without students in place.

- m. Members were referred to the Osteopaths Act 1993:

On the recommendation of the Policy Advisory Committee (the statutory Education Committee) Council would need to be satisfied that a qualification granted by LCOM is evidence of having reached the required standard or will be evidence of having reached that standard.

It was pointed out that the Action Plan would be the evidence demonstrating that the institution will reach the required standard. If the Committee did not think the standard could be achieved, then it would have a duty to advise Council that it did not consider that the institution would meet the standard and the RQ should be withdrawn.

Conclusions/decisions:

- n. It was concluded that on the balance of probabilities the evidence did not suggest that the current students, when they graduate, will not meet the OPS and, in particular, the Committee will be assisted by the greater level of scrutiny in the final assessment that will be provided by the External Examiner. On this basis the Committee did not feel that there were grounds for revoking the RQ.
- o. The Chair asked if all the conditions set out are addressed and the action plan is fully implemented as set out, on the balance of probabilities, are future students likely to meet the OPS? It was stated that the Action Plan needed to be enhanced to cover the issue of governance as it was considered that the current governance structures of LCOM are insufficient to properly oversee the academic purpose of the institution. It was suggested that the Condition should be that the Board signs-off on the governance structure and ensures that it is operating correctly as set out in paragraph 52 of the review report
- p. After careful and detailed consideration of all the evidence and the institution's Action Plan the Committee concluded that that it will recommend to Council that the RQ in relation to the: Member of London College of Osteopathic Medicine, be renewed for a period of three years subject to the following Conditions:

CONDITIONS	
a.	The London College of Osteopathic Medicine must produce a single definitive course document that clearly outlines the purpose, structure, assessment strategy, fitness to practise policy and operation of the London College of Osteopathic Medicine course to ensure consistency and continuity of delivery and understanding of the students in achieving their award.
b.	The London College of Osteopathic Medicine must undertake the mapping of the new Osteopathic Practice Standards (for implementation 1 September 2019) across all components of the London College of Osteopathic Medicine course to ensure current and future students are equipped for professional practise.
c.	The London College of Osteopathic Medicine must implement the arrangements for enhancing the external scrutiny of the London College of Osteopathic Medicine course to ensure comparability of academic standards and provide critical evaluation of the teaching and learning experience.
d.	The London College of Osteopathic Medicine must finalise the appointment of the moderator for the FCCA examination to optimise the validity, reliability and consistency of assessment.
e.	The London College of Osteopathic Medicine must finalise and implement the revised admissions arrangements through the introduction of the process, to include where applicable, assessing clinical competence.
f.	The London College of Osteopathic Medicine must implement a proportionate governance approach and associated assurance processes to assure the Board of Trustees and stakeholders that the London College of Osteopathic Medicine fulfils its responsibility for the delivery of the Osteopathic Practice Standards.
g.	The London College of Osteopathic Medicine must submit an Annual Report, within a three-month period of the date the request was first made, to the Education Committee of the General Council.
h.	The London College of Osteopathic Medicine must inform the Education Committee of the General Council as soon as practicable, of any change or proposed substantial change likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to: <ul style="list-style-type: none"> i. substantial changes in finance ii. substantial changes in management iii. changes to the title of the qualification iv. changes to the level of the qualification v. changes to franchise agreements

	<ul style="list-style-type: none"> vi. changes to validation agreements vii. changes to the length of the course and the mode of its delivery viii. substantial changes in clinical provision ix. changes in teaching personnel x. changes in assessment xi. changes in student entry requirements xii. changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported) xiii. changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported) xiv. changes in teaching accommodation xv. changes in IT, library and other learning resource provision
i.	<p>The London College of Osteopathic Medicine must comply with the General Council's requirements for the assessment of the osteopathic clinical performance of students and its requirements for monitoring the quality and ensuring the standards of this assessment. These are outlined in the publication: <i>Subject Benchmark Statement: Osteopathy, 2015</i>, Quality Assurance Agency for Higher Education and <i>Guidance for Osteopathic Pre-registration Education, 2015</i>, General Osteopathic Council. The participation of real patients in a real clinical setting must be included in this assessment. Any changes in these requirements will be communicated in writing to the LCOM giving not less than 9 months' notice.</p>

- q. It was also requested that the Committee continue to receive the minutes of the Trustee meetings, that it should be possible for Visitors to make a possible unannounced visit to the institution, and that the Action Plan be closely monitored.
- r. The Chair also suggested that a letter to accompany the decisions of the Committee be written to highlight the seriousness of the concerns held and the in-depth deliberations which had taken place.

10. The Chair read out the agreements of the Committee.

The Committee:

- a. Agreed to recommend that, subject to the approval of the Privy Council, Council recognises the Member of London College of Osteopathic Medicine awarded by the London College of Osteopathic Medicine from 12 June 2019 until 13 June 2022 subject to the conditions outlined in paragraph 9p above.

- b. Agreed the updated action plan set out in Appendix 2 to Annex B of the paper.
- c. In relation to the paper to the March 2019 Committee regarding LCOM's Annual Report analysis:
 - i. Noted the contents of the analysis.
 - ii. Agreed to feed back the analysis to the London College of Osteopathic Medicine, including sector-wide findings.
 - iii. To monitor the proposed areas for development as part of the ongoing monitoring of the action plan in relation to the RQ.

Item 4: British College of Osteopathic Medicine (BCOM) – Updates on student progression and changes to process as a result of a patient complaint

11. Dr Ray Playford declared an interest and left the meeting for the duration of the discussion.
12. It was noted that the correct name for the awarding body is the University of Plymouth.
13. The QALO introduced the item which concerned the British College of Osteopathic Medicine which had submitted an explanation and evidence requested by the Committee at the March 2019 meeting with regards to the drop-in student progression and evaluation and details of the process changes that have implemented as a result of a patient complaint.
14. The following points were highlighted:
 - a. The reasons given for 18 students who did not progress were due to financial issues (4), health issues (5), referral for resits (4 withdrew voluntarily, 1 was withdrawn by the college), unknown reasons (2), withdrawal (2). Based on this information BCOM did not believe that the drop in the progression rate would have an impact on the delivery of the OPS.
 - b. With regards to the patient complaint the root cause was due to a communication issue between the student practitioner, supervising tutor and the patient. Corrective action had been taken and processes put in place to prevent a repeat of the issue. Staff must now sign-off on patients who are to be discharged by student practitioners. The incident will also be used as a case study for future reference.
 - c. It is recommended that no further action is required relating to the student progression rate and patient complaint.
15. In discussion the following points were made and responded to:

- a. It was confirmed that 34 students were admitted to the programme and 56% progressed to the second year. Members were concerned that the institution had not fully appreciated the Committee's concerns relating to student numbers and requested further analysis and explanation for the lack of progression.
- b. Members also expressed concerns about calibre of students being recruited and whether individuals were being admitted to courses for which they were unprepared or would be unable to complete.

Agreed: The Committee agreed that the BCOM had submitted the explanation and evidence as requested by the Committee at the March 2019 meeting with regard to student progression. The Committee agreed that a further, more detailed analysis of student data was required to be reported at the October 2019 meeting.

Agreed: The Committee agreed that evidence of evaluation and any changes to process or practice following the patient complaint had been submitted that no further action was required.

Item 5: College of Osteopaths

16. Elizabeth Elander declared an interest and left the meeting for the duration of the discussion.
17. The QALO introduced the item concerning the College of Osteopaths which has provided updates with regards to the following:
 - Evaluation of the patient consent project
 - Updates on increasing students' awareness of academic misconduct
 - Updates on the implementation of the strategic plan
 - Updates on the progress of change of validator to University of Derby
 - Submission of the most recent accounts.

The executive provided updates on progress relating to outstanding RQ specific conditions as requested by the Committee at the March 2019 meeting showing progress over time in terms of meeting the conditions.

18. The following points were highlighted:

Evaluation of results of patient consent:

- a. The evidence and data demonstrate that the institution have been successful in reinforcing students understanding and awareness with regards to acquiring consent from patients.

Student access and awareness of academic misconduct:

- b. The College has taken action to ensure that students have access to and are aware of Staffordshire University's academic misconduct policy. The course

handbook has been updated and further steps have been taken to ensure student awareness including students signing an Annual Declaration Form to confirm that they have read and understood the Academic Misconduct Regulation. Academic Misconduct will also form part of the module delivered to students. Final year students will be asked to provide feedback on their understanding of academic misconduct at the end of the course.

- c. The details of the academic misconduct policy to be used by the new programme validated by Derby University has been drafted and is awaiting approval so has not yet been provided.

Strategic plan

- d. In relation to Condition 3, to articulate a strategic plan, the institution has provided a progress update on specific areas of the strategic requested by the Committee. The update demonstrates that the appropriate progress has been made.
- e. A detailed review of the progress and timeline of the outstanding conditions was undertaken. The analysis shows that overall the progress and engagement with the GOsC has been positive. The review shows that the Conditions were being effectively monitored and there were no envisaged risks in the institution not meeting the OPS.

Validation with University of Derby

- f. An update on the progress of the validation from the University of Derby has also been provided and overall is positive. The difference between the programmes validated by the Universities was noted; the B.Ost validated by Derby provides 360 credits instead of the 405 with Staffordshire. It was also confirmed that the new programme at the University of Derby meets the requirements of the OPS.

Accounts

- g. There was no further action was required relating to the accounts.

19. In discussion the following points were made and responded to:

- a. Members expressed disappointment at the reduction in clinical contact hours and in the reduction in credits being offered by the new programme. In the move from one validating body to another it appeared that year of the programme had been lost and this was viewed as a significant change in the RQ and should be examined.
- b. It was suggested that the institution should provide an explanation of how the impact of the reduction in credits would impact on the delivery of the OPS. The institution must demonstrate that there will be no impact on the Standards.

- c. It was pointed out recruitment for the new course would not take place until January 2020, therefore had not yet been implemented. It was explained that the issue was the move from a Masters to Bachelors (the GOsC does not require a minimum qualification), meeting the Osteopathic Practice Standards and moving from 1200 to 1000 contact hours, which had been 20% more than what was given in the Guidance for Osteopathic Pre-registration Education and the Subject Benchmark Statement: Osteopathy guidance which sets out 1000 hours of clinical experience. It was also noted that the College of Osteopaths was not the only institution that had shortened its course. It was agreed that the course had substantially changed therefore further evidence might be required by the Committee, and careful consideration was needed as to what evidence would be required.

The Committee:

- a. **Agreed** that the requirements for the requirements for Condition 1 had been met and any outstanding updates should be presented as part of the 2019 annual report submission.
- b. **Agreed** that the requirements for Condition 2 had been met and the evidence of students' understanding of academic misconduct should be presented as part of the Annual Report for the academic year 2018/19 due for submission in December 2019.
- c. **Agreed** that the requirements for Condition 3 had been met.
- d. **Agreed** that the College had provided the most recent audited accounts.
- e. **Agreed** that updates on progress relating to outstanding RQ specific conditions as requested by the Committee at the March 2019 meeting had been provided.
- f. Requested that the executive engage with the College of Osteopaths to understand more fully the reduction in the course and the impact on the Osteopathic Practice Standards so that the Committee can consider whether any further action was required.

Item 6: European School of Osteopathy – updates on actions due from the Action Plan and the accounts

- 20. John Chaffey declared an interest and left the meeting for the duration of the discussion:
- 21. The QALO introduced the item which concerned the European School of Osteopathy (ESO) which submitted the progress updates on actions due by 30 April 2019 from the Action Plan and Accounts.
- 22. The following points were highlighted:

- a. Overall the institution was making good progress relating to the Action Plan:
 - Progress had been made in the recruitment of the Board of Trustees.
 - The recruitment, training and induction of the new trustees which include students, staff and external members.
 - The governance manual is being reviewed and will be monitored.
 - The governance processes and policies have also been updated and a maximum service time for trustees.
 - A review of the Senior Management Team is also be undertaken and evidence of the PDR meetings of the team.
 - Progress has been made on the Strategic Plan, the clinic size has been doubled, the institution will be recruiting for the Access HE Diploma and the integrated Masters degree programme is to be reviewed.
- b. The accounts for 2017-18 have been reviewed by the Director of Registration and Resources and the final version has been submitted.
- c. The institution has made positive progress with regards to the Conditions and will continued to be monitored

23. In discussion the following points were made and responded to:

- a. It was explained that the Action Plan submitted to the Committee represented what had been completed to date and that the institution is on track to complete the Action Plan.
- b. It was agreed that the Committee should see the complete Action Plan to understand the timeline delivery at the next meeting.

The Committee:

Agreed: The Committee agreed that the ESO has submitted the progress updates on actions due by the 30 April 2019 from the Turnaround plan and the accounts and to request a further update on the Action Plan for the October 2019 Committee.

Agreed: The Committee agreed that the ESO have submitted the accounts of the 2017/18 and for the final version of the accounts which have been signed by the Trustees and the auditors to be submitted to the GOsC Director of Registration and Resources.

Item 7: Plymouth Marjon University

24. Marvelle Brown declared an interest and left the meeting for the duration of the discussion.
25. The QALO introduced the item which concerned updates provided by Plymouth Marjon University with regards to the following:
 - Evidence of service level agreements

- Support and mentoring arrangements for placement supervisors and students
- Qualification requirements for teaching staff
- Updates and evaluation of the points raised by the external examiner
- The Annual Monitoring Report for 2017-18 academic year
- Updated programme specification with mapping of 2019 OPS

26. The following points were highlighted:

- a. There was a concern regarding clinical placement process. It was explained by the Programme Lead that students only observe while in their placement and the observed practitioner is not expected to teach or provide feedback to students. The documentation suggests otherwise and conflicts with the Programme Leads account of the process.
- b. In relation to the High Velocity Thrust (HVT) technique a further review of the External Examiner report was undertaken, and no concerns were raised about the teaching of the technique in year one. It was suggested that any potential safety issues relating to HVT in the lumbar region would be mitigated in the teaching environment.

27. In discussion the following points were made and responded to:

- a. Members remained concerned about the teaching of HVT to students at such an early stage in the degree programme and did not agree with the External Examiner's conclusion. It was agreed further clarification was required about the safety of students and the risk assessment. It was confirmed the External Examiner is an osteopath.
- b. It was explained that teaching of some of the more advanced techniques in the early stages of a course gave students practical skills in a safe, supported, supervised environment so that they become more confident as they progressed through the programme.
- c. It was suggested that in approaching the institution for further supporting evidence about the safety of teaching the HVT technique to year 1 students the Executive state:

The Committee has expressed its severe reservations about this particular technique being taught at this stage in the curriculum. The Committee would like to understand the process by which the governance of the organisation has reviewed this and satisfied itself about the safety and risk elements.

- d. Members sought clarification as to the qualifications of teaching staff who are employed on a part-time basis and whether they are required to undertake the PCLT Course. It was pointed out that the Committee do not

have a mandate as to the qualifications teaching staff should have and is an issue which concerns the governance of the institution.

The Committee:

- a. Agreed that Plymouth Marjon has submitted sufficient information regarding:
 - The requirement of teaching staff to obtain a teaching qualification and or HEA fellowship.
 - The review of the assessment of the modules highlighted in the external examiner's report.
 - The extent of the current teaching team
 - The annual monitoring report for 2017-18
 - The mapping of the Programme Specification document to the updated Osteopathic Practice Standards
- b. Agreed that the evidence provided by Plymouth Marjon was insufficient to fully explain the University's management of the student placement process.
- c. Agreed to include with the Recognised Qualification Specification for the Marjon RQ Renewal visit in January 2020, a requirement that visitors report on the processes by which staff feedback on the programme is obtained, recorded and acted upon.
- d. Agreed to require updates on documentation relating to placement providers be carried out to reflect the stated role of providers, and an update to be reported to the Committee's meeting in October 2019.
- e. Agreed that the following areas would be given further consideration by the Committee at the meeting in October 2019:
 - The management of external observation placements
 - The issues relating to the safety and associated risk in the teaching HVT techniques to Year 1 students.

Item 8: North East Surrey College of Technology (NESCOT)

28. It was agreed that this item be deferred to the next meeting of the PAC, 9 October 2019.

Item 9: University College of Osteopathy – update on external examiners and synthesis report

29. It was agreed that this item be deferred to the next meeting of the PAC, 9 October 2019.

Item 10: Swansea University: Updates on the actions taken on the appeals not upheld and the fitness to practise cases (9a) & Removal of Recognised Qualification expiry date (9b)

30. Bob Davies declared an interest and left the meeting for the duration of the discussion.
31. The QALO introduced the item which concerned the updates made by Swansea University in relation to two issues raised within their annual report submission:
- Actions taken based on the appeals which were not upheld
 - Student fitness to practice case considered by the panel in September 2018
32. The QALO also introduced an item concerning the removal of the expiry date for Swansea University's 'recognised qualification'.
33. The following points were highlighted:
- a. The appeals were considered under University procedures and it was considered the appeals did not result in or require any changes to the established appeals process or practice.
 - b. The student fitness to practise cases were reviewed by the University. It was again reported that no changes to practise or procedures were made as a result of the cases. The decision was made a by CHHS Fitness to Practice and Professional Suitability Panel in accordance with their Terms of Reference.
 - c. The outcomes of the appeals and the ftp cases demonstrate the University's established procedures and systems are effective.
34. In discussion the following points were made and responded to:
- a. It was agreed that Swansea University would not be eligible for the removal of the expiry date of its RQ as there were Conditions in place which they would be required to meet following consideration of the RQ approval.

The Committee:

- a. Agreed that Swansea University has submitted evidence of reflection and evaluation with regard to the appeals that were not upheld and that no further action is required.
- b. Agreed that Swansea University has submitted evidence of reflection and evaluation in relation to the student fitness to practise cases and that no further action is required.
- c. Agreed that Swansea University was not eligible for removal of expiry date for its 'recognised qualifications'.

Item 11: Any other business

35. There was no other business.

Date of the next meeting: Wednesday 9 October 2019